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Use Only

-- 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending C Name of organization Check if applicable NRA Freedom Action Foundation D Employer identification number Address change Doing business as Number and street (or PO box if mail is not delivered to street address) Room/surte 26-1277941 Name change 1250 Waples Mill Road E Telephone number Initial return City or town ZIP code (703) 267-1000 Fairfax 22030-7400 VA Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 1,202,193 F Name and address of principal officer Application pending Yes X No H(a) Is this a group return for subordinates? Wilson H Phillips Jr 11250 Waples Mill Rd, Fairfax, VA 22030 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) (527) < (insert no) 4947(a)(1) or Website: ▶ www nrafaf.org H(c) Group exemption number ▶ X Corporation K Form of organization. Trust Association Other > L Year of formation 2008 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities. To educate Americans with respect to their Activities & Governance individual rights as citizens, with particular emphasis on the Second Amendment to the Constitution of the United States. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). 4 1 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . 5 0 6 5 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). . . 1,134,568 1,198,165 Program service revenue (Part VIII, line 2g). 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11,077 4.028 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,145,645 1,202,193 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). . . . 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 0 0 16a Professional fundraising fees (Part IX, column (A), line 11¢). Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2.595.955 98,521 Total expenses. Add lines 13-17 (must equal Part IX, column (A),-line-25) 18 2,595,955 98,521 19 Revenue less expenses. Subtract line 18 from line 12 -1,450,310 1,103,672 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16). 1,723,638 2,770,773 21 Total liabilities (Part X, line 26) 44,154 38,354 22 Net assets or fund balances. Subtract line 21 from line 20 2,732,419 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deeleration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/10/2016 Sign Signature of officer Here Wilson H Phillips Jr. Treasurer Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid 11/10/2016 self-employed James P. Sweeney P01263012 **Preparer**

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 1861 International Dr Ste 400, McLean, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Firm's name ► RSM US LLP

Form **990** (2015)

No

Yes

Firm's EIN > 41-1944416

Phone no

703-336-6400

Form 99	90 (2015)	NRA Freedom Action Foundation	26-12779	141 Page 2
Par	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1 ,	To educ emphas	s on the Second Amendment to the Constitution of the United States, and in		
2	the prior	organization undertake any significant program services during the year which were not li Form 990 or 990-EZ?	sted on	Yes X No
3	services	organization cease conducting, or make significant changes in how it conducts, any progr 7	ram 	Yes X No
4	Describ expense	the organization's program service accomplishments for each of its three largest prograss Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of graexpenses, and revenue, if any, for each program service reported.		
	political to reach the impo as colle generat method voter re	e campuses This charitable organization inspires and communicates with the next	and by	
4b	(Code) (Expenses \$ including grants of \$		
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d		ogram services. (Describe in Schedule O)		
	(Expension)	es \$ 0 including grants of \$ 0) (Revenue \$ gram service expenses	0)	
<u></u>				Form 990 (2015)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-		ŀ
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>

	90 (2015)	NRA Freedom Action Foundation	6-1277941	Р	age 4
Part	IV	Checklist of Required Schedules (continued)			
_	•			Yes	No
		organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a	<u> </u>	<u> </u>
þ,		to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20ь	<u> </u>	<u> </u>
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or		ł	
		tic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ـــــ	X
22		organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ		
	Part IX	, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	ļ	X
23		organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organiz	ation's current and former officers, directors, trustees, key employees, and highest compensated	ļ	ļ	1
		ees? If "Yes," complete Schedule J	. 23	_ X	ــــــ
24a		organization have a tax-exempt bond issue with an outstanding principal amount of more than			
		00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
		ough 24d and complete Schedule K If "No," go to line 25a	. 24a	ļ	<u> </u>
		organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
С		organization maintain an escrow account other than a refunding escrow at any time during the year	ì		
		ase any tax-exempt bonds?	. 24c	ļ	<u> </u>
		organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	↓
25a		n 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ļ	
		ction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	↓	X
þ		organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
		ear, and that the transaction has not been reported on any of the organization's prior Forms 990 or		İ	
		?? If "Yes," complete Schedule L, Part I	. 25b	ļ	X
26		organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
		or former officers, directors, trustees, key employees, highest compensated employees, or			l
		ified persons? If "Yes," complete Schedule L, Part II	26	├ ─	X
27		organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	1
		ntial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
00		or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X 2 22 22 22 22 22 22 22 22 22 22 22 22
28		e organization a party to a business transaction with one of the following parties (see Schedule L,			3
		instructions for applicable filing thresholds, conditions, and exceptions):]
a		ant or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	. <u>28a</u>	├ ──	X
b		y member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	
		le L, Part IV	28b	┼—	<u>X</u>
С		ty of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00.		
00		officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	├─	X
29		organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	┼─	X
30		organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20		
24		vation contributions? If "Yes," complete Schedule M	30	}	X
31	Part I.	organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
32		e organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	┼	+^
32		" complete Schedule N, Part II	. 32	1	×
33		organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32	+-	 ^-
33		is 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	1	×
34		e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	. 33	╁─	† ^
5 4		e organization related to any tax-exempt of taxable entity / ii res, complete schedule R, Part II, V, and Part V, line 1	34	X	
352		e organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	_	X
		" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	. <u>33a</u>	+	 ^
D		vithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Ţ	1
36	-	n 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	336	+	+-
55		ration? If "Yes," complete Schedule R, Part V, line 2	. 36		×
37		e organization conduct more than 5% of its activities through an entity that is not a related organization	. 30	+-	+^
01		at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
			. 37		l _x
38		organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"	t	† ^
J0		ote. All Form 990 filers are required to complete Schedule O	38	X	
	10: 140	servan com occanicio di croquired la complete deficable U			(2015)
			rom		(4010)

Form 990 (2015) NRA Freedom Action Foundation 26-1277941 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part V	· ·	•	<u>ட</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u>.</u> -		
2a	gaming (gambling) winnings to prize winners?	1c	X	
Za				l
b	Statements, filed for the calendar year ending with or within the year covered by this return	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a		X
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		 ^-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7е		- - X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8	-	_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a		425		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash
~	Note. See the instructions for additional information the organization must report on Schedule O.	.54		$\vdash \vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5	. □		_,
	If there are material differences in voting rights among members of the governing body, or		,		
	if the governing body delegated broad authority to an executive committee or similar				'
	committee, explain in Schedule O.				
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 1	↓ ¦		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with]		
	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under		1		
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets? .	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:				
а	The governing body?		8a	_X_	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u> </u>	9		<u>X</u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	ırposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	<u></u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro-	oval by			l '
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		1	
а	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	X
b	Other officers or key employees of the organization		15b	L	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		\		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement	İ.,		
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?	<u>.</u>	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► See Attached St	atement			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s)s only	y)	
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (e.	xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,		icy, ar	nd	
	financial statements available to the public during the tax year.	•			
20	State the name, address, and telephone number of the person who possesses the organization's	books and records:	•		
	WILSON H. PHILLIPS JR.	703-267-1000			
	11250 WAPLES MILL RD FAIREAX VA 22030-7400				

Form 990 (2015)	NRA Freedom Action Foundation									<u>26-12779</u>	41 Page 7
Part VII	Compensation of Officers, Dire		es, K	ey	Em	plo	yees	s, H	lighest Comp	ensated	
	Employees, and Independent C				. 1:	_ :_	. 4bia	D-	-4 \ /II		
Continu	Check if Schedule O contains a re									 	
Section A.	Officers, Directors, Trustees, Key Er									201 - 201 - 41 -	
organization's	this table for all persons required to be l tax year.	istea. Report coi	mpen	satio	on t	or tr	ie cai	end	iar year ending v	vith or within the	
	of the organization's current officers, di ion Enter -0- in columns (D), (E), and (f						uals (or o	rganizations), re	gardless of amou	unt
	of the organization's current key emplo										
who received	eorganization's five current highest com- reportable compensation (Box 5 of Formand any related expensations										yee)
-	and any related organizations of the organization's former officers, ke	v employees an	d bia	hoei		mne	neate	ad a	mployees who r	eceived more tha	an .
	eportable compensation from the organi							su e	inployees who h	eceived more and	211
	of the organization's former directors o more than \$10,000 of reportable compe										the
-	n the following order: individual trustees		_				-		-		
compensated	employees; and former such persons.									_	
Check th	is box if neither the organization nor any	related organiz	ation	соп	pe	nsat	ed ar	у с	urrent officer, dir	ector, or trustee.	
					((>)					
	(A)	/B)	Position								
		l (do i	not ch	ack :	mom	than c	ne l	(D)	(F) ((E)	
	Name and Title	(B) Average	box,	unles	s pe	rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated
			box, office	unles er an	s pe d a d	rson	s both	an ee)			
		Average hours per week (list any hours for	box, office	unles er an	s pe d a d	rson recto	s both	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Average hours per week (list any hours for related organizations	box, office	unles er an	s pe	rson recto	s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation from the organization
		Average hours per week (list any hours for related	box, office	unles er an	s pe d a d	rson	s both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
		Average hours per week (list any hours for related organizations below dotted	box, office	unles er an	s pe d a d	rson recto	s both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
	Name and Title	Average hours per week (list any hours for related organizations below dotted line)	ox, fic Individual trustee or director	unles er an	s pe d a d	rson recto	s both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
(1) Chris V	Name and Title V Cox	Average hours per week (list any hours for related organizations below dotted line)	b of lindividual trustee or director	unles er an	s pe tad Officer	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
President, Ch	Name and Title V Cox lair of Board	Average hours per week (list any hours for related organizations below dotted line)	box, offici Individual trustee X	unles er an	s pe d a d	rson recto	s both	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related organizations
President, Ch (2) Wilson	Name and Title V Cox tair of Board H. Phillips Jr.	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00	box, of individual trustee X	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
President, Ch (2) Wilson Treasurer, Dii	V Cox lair of Board H. Phillips Jr.	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00	box, condition in box of lindividual trustee X X	unles er an	s pe tad Officer	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
President, Ch (2) Wilson Treasurer, Dir (3) David I	Name and Title V Cox tair of Board H. Phillips Jr.	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00	or director	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations 105,435
President, Ch (2) Wilson Treasurer, Dir (3) David I Director	Name and Title V_Cox	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 50.00	or director X X	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations 105,435
President, Ch (2) Wilson Treasurer, Dii (3) David I Director (4) Mary F	Name and Title V_Cox	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 1.00 50.00	or director	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 1,345,407 549,269 401,170	Estimated amount of other compensation from the organization and related organizations 105,435 41,938
President, Ch (2) Wilson Treasurer, Dii (3) David I Director (4) Mary F Director	Name and Title V Cox pair of Board H. Phillips Jr. Pector Lehman Rose Adkins	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 50.00 1.00 40.00	b of lindividual trustee X X X	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations 105,435 41,938
President, Ch (2) Wilson Treasurer, Dii (3) David I Director (4) Mary F	Name and Title V Cox Pair of Board H. Phillips Jr. Pector Pehman Rose Adkins Keene	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 1.00 50.00	b of fici Individual trustee X X X X	unles er an	s pe di a di Officer X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 1,345,407 549,269 401,170	Estimated amount of other compensation from the organizations and related organizations 105,435 41,938 23,021 56,361
President, Ch (2) Wilson Treasurer, Dir (3) David I Director (4) Mary F Director (5) David I	Name and Title V Cox Pair of Board H. Phillips Jr. Pector Pehman Rose Adkins Keene	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 1.00 40.00 1.00	b of fici Individual trustee X X X X	unles er an	s pe d a d Officer X X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 1,345,407 549,269 401,170 268,009	Estimated amount of other compensation from the organizations and related organizations 105,435 41,938 23,021 56,361
President, Ch (2) Wilson Treasurer, Dir (3) David I Director (4) Mary F Director (5) David I Secretary, Directory, Director	Name and Title V Cox Pair of Board H. Phillips Jr. Pector Pehman Rose Adkins Keene	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 1.00 40.00 1.00	b of fici Individual trustee X X X X	unles er an	s pe d a d Officer X X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 1,345,407 549,269 401,170 268,009	Estimated amount of other compensation from the organizations and related organizations 105,435 41,938 23,021 56,361
President, Cr (2) Wilson Treasurer, Dir (3) David I Director (4) Mary F Director (5) David I Secretary, Dir (6)	Name and Title V Cox Pair of Board H. Phillips Jr. Pector Pehman Rose Adkins Keene	Average hours per week (list any hours for related organizations below dotted line) 1.00 58.00 1.00 51.00 1.00 40.00 1.00	b of fici Individual trustee X X X X	unles er an	s pe d a d Officer X X	rson recto	s both	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 1,345,407 549,269 401,170 268,009	Estimated amount of other compensation from the organization and related

(10)

(12)

(11)

(13)

	Name and title	Average hours per week (list any hours for related organizations below dotted (ine)		unles er and	s pe	rson irecto	than both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	(F) stimated mount of other inpensation the janizated d relate anization	of tion e on ed
(15)											_		
(16)				-									
(17)											 		
(18)													
		l										_	
						_							
		L											
								 	<u> </u>				
									_				
(24)													
(25)										•			
1b c	Sub-total								0	2,563,855 0	_	226	6,755 0
ď	Total (add lines 1b and 1c)								0	2,563,855		226	3,755
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ited a	bov	e) v				I more than \$100	,000 of			-
	reportable compensation with the organization				-							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched				oye	e, c	r higl	hes	t compensated		3	-	- <u>-</u>
4	For any individual listed on line 1a, is the sum of				n a	nd o	other	cor	mpensation from		_ <u>*</u> _		
	the organization and related organizations grea	ter than \$150,00	00? //	ſ "Y∈	€S, "	con	nplete	Sc	chedule J for suc	h	4	_×	
5	Did any person listed on line 1a receive or acci											$\hat{}$	
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete So	chedu	ile J	for	suc	h pei	rsor	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5_	L	X
1	Complete this table for your five highest compectation from the organization. Report converse	•									tax		
	(A) Name and business add	ress							(B) Description of ser	vices	(C Compe		
											_		Q
								\vdash			_		0
								\vdash					C
			_					\vdash					<u>0</u>

	990 (201 L VIII		on				26-12779	41 Page 9
I al	. VIŲ	Check if Schedule O contains a re	snanse ai	r note to any line in	this Part VIII			
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និនិ	1a	Federated campaigns	_	a 0				
Sra Tour	b	Membership dues	_	b 0				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	-	c 0				
ᅙ	d	Related organizations	_	d 5,852 e 0	1			
Sin	e f	Government grants (contributions). All other contributions, gifts, grants, at	_	e 0				
but	'	similar amounts not included above.		1,192,313				
E O	g	Noncash contributions included in lines 1		1,192,313				
ပို့ ခြ	h h	Total. Add lines 1a-1f		• <u>-</u>	1,198,165			
		Total. 7 dd iirloo 7d 11		Business Code	1,150,105			
nue	2a				0			
Rev	b				0			
92	C				0			
Program Service Revenue	d				0			
Ē	е				0			
ngo.	f	All other program service revenue.			0			
	g	Total. Add lines 2a-2f	<u> </u>	<u></u> . >	0			
	3	Investment income (including dividen-						
		other similar amounts)			4,028	-		4,028
	4	Income from investment of tax-exemp	ot bond pr	oceeds . >	0	. <u> </u>		
	5	Royalties		<u> ▶</u>	0			
	١.		(ı) Real	(II) Personal				
	6a	Gross rents		_				
	b	Less rental expenses			}			
	G	Rental income or (loss)		0 0				
	d 7a	Net rental income or (loss)) Securities	(II) Other	0			
	'"	assets other than inventory		0 0	1			
	Ь	Less cost or other basis		-	(
	~	and sales expenses		0 0				
	С	Gain or (loss)		0 0	1			
	d	N1.1 (1 -)			0			
		,						
ne	8a	Gross income from fundraising						
ē		events (not including \$	0					
é		of contributions reported on line 1c).						
er		See Part IV, line 18		a 0				
Other Revenue	b	Less direct expenses		b 0				-
	C	Net income or (loss) from fundraising		<u> </u>	0		ļ	
	9a	3 3		_	1			
	١.	See Part IV, line 19.		a 0	1			
	b	Less: direct expenses		b0	-	-		-
	100	Net income or (loss) from gaming act Gross sales of inventory, less	uviues .	▶	0			
	Iva	returns and allowances		a 0				
	ь	Less: cost of goods sold		b 0	-			
	C	Net income or (loss) from sales of inv		•	6			1
		Miscellaneous Revenue	rontory	Business Code				
	11a				d o			1
	b				0			
	С				0			
	d	All other revenue			0		L	
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions	<u> </u>	<u> </u>	1,202,193	0		4,028

4,028

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	omplete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX	<u> </u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic			İ	
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0	_		
b	Legal	0			
С	Accounting	9,400		9,400	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	3,031		3,031	
g	Other. (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	60,000	60,000		
13	Office expenses	23,141		867	22,274
14	Information technology	0	-		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0	_		
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials	_0			
19	Conferences, conventions, and meetings	0			
20	Interest	663		663	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	(
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	 	<u> </u>		
а	Additional program service	2,286	2,286		
b		0			
C		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	98,521	62,286	13,961	22,274
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	[
	fundraising solicitation Check here ► I if				
	following SOP 98-2 (ASC 958-720)	<u> </u>			

Total liabilities and net assets/fund balances . . .

26-1277941 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 2.056.080 2 1.049.795 3 564,062 613,622 4 ol 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 0 7 7 8 Inventories for sale or use 8 ٥ Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV, line 11. ol 12 0 13 0 Investments—program-related. See Part IV, line 11 13 0 0 14 14 0 15 109,781 15 101.071 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,723,638 16 2,770,773 17 113 17 18 18 19 Deferred revenue . . . 19 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 21 22 Loans and other payables to current and former officers, directors, labilitles trustees, key employees, highest compensated employees, and 0 23 Secured mortgages and notes payable to unrelated third parties 23 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 38,303 44,041 25 Total liabilities. Add lines 17 through 25 44,154 38,354 Organizations that follow SFAS 117 (ASC 958), check here ► | X | and **Balances** complete lines 27 through 29, and lines 33 and 34. 581,393 27 Unrestricted net assets. 27 1,679,841 28 1.098,091 28 1,052,578 Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 2,732,419 1,679,484 33

2,770,773

1,723,638

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1 ,	Total revenue (must equal Part VIII, column (A), line 12)	1		1,202	,193
2	Total expenses (must equal Part IX, column (A), line 25)	2		98	,521
3	Revenue less expenses. Subtract line 2 from line 1	3		1,103	,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,679	,484
5	Net unrealized gains (losses) on investments	5		50	,737
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u>2,732</u>	<u>,419</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			·	
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u></u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				ł
	reviewed on a separate basis, consolidated basis, or both:				'
	Separate basis Consolidated basis Both consolidated and separate basis		!		l
b	Were the organization's financial statements audited by an independent accountant?		2b	X	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		ŀ		
	Separate basis Consolidated basis X Both consolidated and separate basis				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c	 ^- -	
	Schedule O.				
2-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		20		
h	•		3a_	\vdash	\vdash
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		25		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>·</u>	3b	990	(2015)
			Form	ココリ	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

NRA Freedom Action Foundation 26-1277941 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from cross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, Its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

supported organization.

Schedule A (Form 990 or 990-EZ) 2015 NRA Freedom Action Foundation 26-1277941 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 1,932,108 2,100,026 439,805 1,134,568 1,198,165 6,804,672 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 1,134,568 Total. Add lines 1 through 3 1.932.108 2.100.026 439.805 1,198,165 6.804.672 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 3.259.004 Public support. Subtract line 5 from line 4. 3,545,668 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 1,932,108 2,100,026 439.805 1,134,568 1,198,165 6,804,672 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 268 6,418 16.667 11.077 4.028 38.458 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10 6,843,130 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 51.81% 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 58.14% 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization...

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	my drider are a	COLO HOLCO DEIC	w, picase com	picto i ait ii.)		
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		()		,	17	
	received (Do not include any "unusual grants ")			j			0
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf			-			0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
-	ction B. Total Support		<u></u>		г		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)	-					0
13	Total support. (Add lines 9, 10c, 11,				_		
44	and 12)	0	0	0	. 501()	0	0
14	First five years. If the Form 990 is for the org			•		, ,	. □
	ction C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8, co					15	0.00%
16	Public support percentage from 2014 Schedul				· · · · · · · · · · · · · · · · · · ·	16	0.00%
	ction D. Computation of Investment					47	
17	Investment income percentage for 2015 (line	• • • • • • • • • • • • • • • • • • • •	-			17	0.00%
18	Investment income percentage from 2014 Sch					18	0.00%
19a	33 1/3% support tests—2015. If the organization and the same state and same state						
_	not more than 33 1/3%, check this box and st						. •
D	33 1/3% support tests—2014. If the organization 18 is not more than 33 1/3%, check this b						
20			-				
20	Private foundation. If the organization did no	A CHECK B DOX ON I	ше 14, 19а, от 19	u, wieck triis dox a	mu see instruction:	5	🗩 📗

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	,	
2		
3a	_	
3b		
3c		
4a		
4b		-
40		
4c		
5a		
5b	-	
5c		<u> </u>
6	 	
_7		
8		
9a		
9b		
9c		
10a	_	
 10b		2) 2015

Part	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a`	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	<u> </u>
Secti	on B. Type I Supporting Organizations	1	<u> </u>	L
	On D. 17po i cupporting organizationo		Yes	No
1	Did the directors trustage or membership of one or more curported organizations have the newer to		163	140
•	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Ì	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
<u>Secti</u>	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	1
Secti	on D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	1
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- - -		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	┢	
-	•			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	- -
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2	+	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	-	
<u> </u>	supported organizations played in this regard.	3		<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	IS)·	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınetrı	ctions	.1
·	The diganization supported a governmental entity. Describe in Fait Vi now you supported a government entity (see	n isa u	Cilons	· <u>·</u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		Ī
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			Ì
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.	1	t	+
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa	+	+
b		3ь	1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	l SD	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	on Nov. 20, 1970 See ins	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		· ,
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			l i
a Average monthly value of securities	1a		· · · · · · · · · · · · · · · · · · ·
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	Ţ		
factors (explain in detail in Part VI):			į
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting	
instructions)	•	<u>.</u>	÷ , , , , ,

Part v	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	<u>zations (continued) </u>	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
` 2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	· · · · · · · · · · · · · · · · · · ·
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets		-	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		"	
7	Total annual distributions. Add lines 1 through 6	****		0
8	Distributions to attentive supported organizations to which t	the organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount	<u> </u>		0.000
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			!
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
<u> </u>				
<u> </u>				
d	From 2013)		
<u>e</u>	From 2014)		
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2015 distributable amount		···	0
<u>i</u> _	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section			
	D, line 7: \$ 0)	-	
	Applied to underdistributions of prior years		0	<u>-</u> -
<u> </u>	Applied to 2015 distributable amount			0
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount		_	,
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			_
	instructions)	<u>,</u>		0
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7:			
<u>a</u>	1			
<u> </u>	Evenes from 2012			
<u> </u>	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015	7]		

Schedule A (Fo	rm 990 or 990-EZ) 2015 NRA Freedom Action Foundation	26-1277941 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	IV, Section nes 1c, 2a, 2b,
	The service complete the part for any additional minormation. (See motivations.)	
	·	
••••		
		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

	Freedom Action Foundation		26-1277941
Par		or Advised Funds or Other Similar I	
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	ın donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control	ol? Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant	t funds can be
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, of	or for any other
	purpose conferring impermissible private ben	efit?	Yes No
Par	t II Conservation Easements.	. ***	
		vered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., recr	· · · · · · · · · · · · · · · · · · ·	n of a historically important land area
			· ·
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ease	ements	2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Registe	er	2d
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	minated by the organization during
	the tax year ▶		
4	Number of states where property subject to o		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservati	on easements it holds?	
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing	conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing con	servation easements during the year
	> \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenu	ie and expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the organization's fin	nancial statements that describes
	the organization's accounting for conservation		
Par		ections of Art, Historical Treasures,	
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its	revenue statement and halance sheet
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex	•	•
ь	If the organization elected, as permitted under		
_	works of art, historical treasures, or other sim		
	of public service, provide the following amour		and the recognition in relative
	(i) Revenue included on Form 990 Part VIII	line 1	▶ ¢
	(i) Revenue included on Form 990, Part VIII,(ii) Assets included in Form 990, Part X		Ψ
2	If the organization received or held works of a	art historical treasures or other similar ass	sets for financial dain, provide the
_	following amounts required to be reported un		- · · ·
а			
a b	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X.	5 1	• • • • • • • • • • • • • • • • • • • •
	resolutionada in i onii 330, Fail A		<u> </u>

	ule D (Form 990) 2015 NRA Freedom Action	Foundation	_				26-1277	'941	1	Page 2
Part	III Organizations Maintaining C	ollections of	Art, Histo	orical Tr	easures, o	r Other	Similar Asse	ts (con	tinued	d)
3	Using the organization's acquisition, acce	ession, and other	records, o	check any	of the follow	ng that a	re a significant	use of its	S	
	collection items (check all that apply)		_							
a ·	Public exhibition		d 📙	Loan	or exchange	programs	i			
b	Scholarly research		e 🗍	Other						
С	Preservation for future generations									
4	Provide a description of the organization's		ovolain h	ow thou fi	ethor the ora	onization'	c avamet nurne	see in Dr		
•	XIII.	s wheelions and	expiaii iii	Jw they it	intrier the orga	anization	s exempt purpo	350 III F 6	ar t	
5	During the year, did the organization solid	nt or rossive den	otions of s	et biotori	aal traaauraa	or other	aimila.			
•	assets to be sold to raise funds rather tha							☐ Ye	رم . ا	No
Part				or the ort		-	•		<u> </u>	j NO
raru	•		an Farm	000 D-				-4 - -		
	Complete if the organization at	nswered tes	on Form	990, Pa	π IV, line 9,	or repo	rted an amoui	nt on F	orm	
	990, Part X, line 21.									_
1a	Is the organization an agent, trustee, cus					her asse	ts not			ì
L	included on Form 990, Part X?							Y€	es	No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	e the follow	ving table	:		<u> </u>			
•	Reginning helenes					4.5		Amount		
c	Beginning balance					1c				0
d	Additions during the year				• •	1d				
e	Distributions during the year					1e			_	
_'	Ending balance					1f	<u> </u>	$\overline{}$		0
2a	Did the organization include an amount o	n Form 990, Par	t X, line 2	, for escr	ow or custodi	al accou	nt liability?	Y€	es 🖳	No
b	If "Yes," explain the arrangement in Part 2	XIII Check here	If the expla	anation ha	as been provi	ded on P	art XIII			
Part	V Endowment Funds.									
	Complete if the organization as	nswered "Yes"	on Form	990, Pa	rt IV, line 10).				
		(a) Current year	(b) Pro	or year	(c) Two years	back (e	i) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions	-								
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	current year end	balance (I	ine 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment	>	<u>%</u>							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c	-								
3a	Are there endowment funds not in the po-	ssession of the c	organizatio	n that are	held and adı	ministere	d for the			
	organization by:								Yes	No
	.,	· · · · · · ·				•		3a(i)		
	• •							3a(ii)	_	
þ	If "Yes" on line 3a(ii), are the related orga		•			•		3b		
4	Describe in Part XIII the intended uses of		n's endowr	nent fund	S					
Part										
	Complete if the organization as	nswered "Yes"	on Form	<u>990, Pa</u>	rt IV, line 11	a. See I	Form 990, Pa	<u>rt X, lin</u>	e 10.	
	Description of property	(a) Cost or of			st or other		ccumulated	(d) B	ook valu	е
		(investr		bası	s (other)	der	preciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
<u>e</u>	Other	<u>. </u>	0		0		0			0
Total	Add lines 1a through 1e. (Column (d) mu	st equal Form 99	00, Part X,	column (I	B), line 10c.)		, , , ▶			0

Part VII	Investments—Other Securion Complete if the organization		990, Part IV, line 11b. See For	m 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of vo	aluation
(1) Financial of	derivatives		0	
	eld equity interests		0	
(3) Other	· · · · · · · · · · · · · · · · · · ·		333333	
				
				
			-	
(H)			 	
	must equal Form 990, Part X, col (B) line 12)	>	0	
Part VIII	Investments—Program Re		<u> </u>	
	——————————————————————————————————————		990, Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	aluation
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>		 		
(6)	·····	+		
(7)				
(8)			<u> </u>	
(9)				
Total (Column (b) r	must equal Form 990, Part X, col (B) line 13)	>	o	
Part IX	Other Assets. Complete if the organization	answered "Yes" on Form 9	990, Part IV, line 11d. See For	m 990, Part X, line 15.
		(a) Description		(b) Book value
_(2)				<u></u>
(3)				
(4)			_ 	
(5)		· · · · · · · · · · · · · · · · · · ·		
<u>(6)</u> (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X,	col (B) line 15.)		
Part X	Other Liabilities.		990, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes		0	
(2) Annuities	s payable	38,30	<u>3</u>	
(3)				
_(4)			4	
(5)			_	
(6)			-	
<u>(7)</u>				
(9)				
	oust equal Form 990, Part X, col (B) line 25)	▶ 38,30	3	
	uncertain tax positions. In Part XIII, pro			s that reports the
	liability for uncertain tax positions und			
				<u>, </u>

	Reconciliation of Revenue per Audited Financial Statemer		•	Retur	n.
4	Complete if the organization answered "Yes" on Form 990, Pa			T 4 T	4 454 456
1 2·	Total revenue, gains, and other support per audited financial statements			1	1,151,456
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	20	l 50.727	,	
a b	Donated services and use of facilities	2a 2b	50,737	1	
c	Recoveries of prior year grants	2c		┨	
ď	Other (Describe in Part XIII.)	2d	<u> </u>	1	
e	Add lines 2a through 2d				-50,737
3	Subtract line 2e from line 1			3	1,202,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	i	 I		1,202,100
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)	4b		1	
c	Add boss 4s and 4h	_ _		4c	(
5				5	1,202,193
Par					
ı aı	Complete if the organization answered "Yes" on Form 990, Pa			ei ivet	uiii.
1	Total expenses and losses per audited financial statements			1 1	98,52
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			00,02
_ a	Donated services and use of facilities .	2a	1		
b	Prior year adjustments	2b		1 1	
c	Other losses	2c		1	
ď	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	(
3	Subtract line 2e from line 1			3	98,52
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b.	_ 45_		4c	(
	7 dd 11100 14 dild 15				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			-	98.52
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information	· ·	<u> </u>	5	98,52
Par	XIII Supplemental Information.			5	
Par Provi	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P	art IV, I	ines 1b and 2b, Pa	5 art V, line	
Par Provi 2; Pa	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	art IV, I	ines 1b and 2b, Pa	5 art V, line	
Par Provi 2; Pa	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P	art IV, I	ines 1b and 2b, Pa	5 art V, line	
Pari Provi 2; Pa Part 2	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's	art IV, I	ines 1b and 2b, Pa ny additional inform	5 art V, line	
Pari Provi 2; Pa Part 2	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	art IV, I	ines 1b and 2b, Pa ny additional inform	5 art V, line	
Par Provi 2; Pa Part 2	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fig.	art IV, I vide ar	ines 1b and 2b, Pa ny additional inform	5 art V, line	
Par Provi 2; Pa Part 2	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's	art IV, I vide ar	ines 1b and 2b, Pa ny additional inform	5 art V, line	
Pari Provi 2; Part 2 Part 2 finand	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Pari Provi 2; Part 2 Part 2 finand	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fig.	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Par Provi 2; Pa Part) finanda Actio	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation Fi in no uncertain positions that require adjustment to the financial statements to com	art IV, I vide ar reedom	ines 1b and 2b, Pany additional inform	5 art V, line ation	4; Part X, line
Par Provi 2; Pa Part) finanda Actio	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation Fi in no uncertain positions that require adjustment to the financial statements to com	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Part 2; Part 2; Part 2; Part 2; Action taker	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation is in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no	art IV, I vide ar reedom nad	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Part 2; Part 2; Part 2; Part 2; Action taker	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation is in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no	art IV, I vide ar reedom nad	ines 1b and 2b, Pany additional inform	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation I in no uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation is in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation I in no uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax	art IV, I vide ar reedom	ines 1b and 2b, Pa ny additional inform	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation I in no uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line
Part Provi 2; Part Part Action Action	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 This response provides the text of the footnote to the organization's cial statements in accordance with FASB ASC 740. Management evaluated the Fi in Foundation's tax positions and concluded that the Freedom Action Foundation in in our uncertain positions that require adjustment to the financial statements to com the provisions of this guidance. Generally, the Freedom Action Foundation is no er subject to income tax examinations by the U.S. federal, state, or local tax orities for years before 2012.	art IV, I vide ar reedom nad	ines 1b and 2b, Pa	5 art V, line ation	4; Part X, line

Schedule D (Forn		NRA Freed	dom Action Fo	oundation			 26	-1277941	Page 5
Part XIII	Suppl	emental Inf	formation (continued)	<u>-</u>				
•							 		
•							 		
• • • • • • • • • • • • • • • • • • • •							 		
	•						 		
			·				 		
· · · · · · · · · · · · · · · · · · ·							 		
							 		
						·	 		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** NRA Freedom Action Foundation 26-1277941 Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? . 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization?..... 5a 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: The organization? 6a Any related organization? . . 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe ın Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

26-1277941

Schedule J (Form 990) 2015 NRA Freedom Action Foundation

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(THIII) for each listed individual must equal the	listed	individual must egual t	he total amount of Fo	rm 990, Part VII, Sect	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ble column (D) and (E) amounts for that in	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	bue toemental (3)	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)+(D)	(r) Compensation In column (B) reported as deferred on prior Form 990
Chris W Cox	ε						0	
1 President, Chair of Board	€	653,101	85,000	902'209	52,165	53,270	1,450,842	178,548
Wilson H. Phillips Jr.	ε						0	
2 Treasurer, Director	(ii)	423,048	94,265	31,956	19,610	22,328	591,207	
David Lehman	€						0	
3 Director	(ii)	339,600	50,000	11,570	19,610	3,411	424,191	
Mary Rose Adkins	(:)						0	
4 Director	(ii)	240,485	20,000	7,524	18,801	37,560	324,370	
	(1)				1			
5	⊞							
	(1)							
9	(ii)							
	(i)							
7	<u>(ii</u>							
	Ξ							
8	(ii)							
	Ξ							
6	⊞	_						
	(3)							11 11 11 11 11 11 11 11 11 11 11 11 11
10	(ii)							
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13	(<u>ii</u>)							
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14	(ii)							
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	(3)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
16	⊞							

Schedule J (Form 990) 2015

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I Line 4b This response provides explanation and context for the 457(f) plans. The related organization has an
executive 457(b) deferred compensation retirement plan for the benefit of certain employees. It is employee funded, not employer
funded, and maintained primarily for the purpose of providing deferred compensation benefits for a select group of management or
highly compensated employees under Sections 201(2), 301(a)(3), and 401(a)(1) of the Employee Retirement Income Security Act of
1974. The related organization also has a nonqualified 457(f) supplemental income retirement plan for the benefit of certain
executives. The related organization decides the benefit amount and timeframe for vesting of each participant Service costs
included in deferred compensation are actuarially determined under FASB ASC 715. The 457(f) plan is designed to supplement the
current tax qualified defined benefit pension plan where current limitations on benefits and employer contributions may be
inadequate, and an employer-sponsored supplemental income plan can best provide these select employees with the appropriate amount
of income continuation in the specific desired circumstances. During 2015, Chris W. Cox vested in the related organization's
457(f) plan participation after reaching a scheduled milestone and received a taxable payout of \$585,298. Mr. Cox's payment was
his first payment from the related organization's 457(f) deferred compensation plan, and it occurred after 20 years of continuous
service to the related organization. The taxable 457(f) payout has been properly included as taxable compensation and reported in
Schedule J, Part II, Column B(iii), and in Form 990, Part VII, Column D.
Part II Line 3 The organization relied on the processes of a related organization to establish compensation of top management
officials, and such processes utilized a compensation committee, independent compensation consultants, compensation surveys and
studies, comparability data, and ultimate approval by the board or compensation committee. All decisions are properly documented.
Part II Column B(III) Other reportable compensation in taxable wages includes 457(b), fringe auto, group life insurance benefits,
and 457(f) payout if applicable. Column C represents benefits that will not be paid until the future and includes the employer

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

NRA Freedom Action Foundation	26-1277941
Form 990, Part I, Line 1: Disclosure for clarity and transparency of the NRA complete	
corporate structure. The NRA is a 501(c)(4) membership association with four 501(c)(3) public	
charities and a Section 527 political action committee, which is a separate segregated fund	
The four charities affiliated with the NRA are NRA Civil Rights Defense Fund, NRA Foundation	
Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA Whittington Center	er
The political action committee is the NRA Political Victory Fund. See Schedule R, Part II	
Form 990, Part I, Line 6 Pursuant to IRS instructions, the number of volunteers listed in	
Part I line 6 is based on the uncompensated volunteer service by members of the organization's	
board. Although four of the five board members are compensated by a related organization, none	
of that compensation relates to the volunteer aspects of the organization's board service.	
Form 990, Part VI, Section A, Line 1b: Minimal independence on the Freedom Action Foundation	
board is due to charitable board service by four employees of a related organization.	
Form 990, Part VI, Section B, Line 11b Form 990 is reviewed by the officers, reviewed by the	
external auditing firm, and made available to the board before it is filed with the IRS.	
Form 990, Part VI, Section B, Line 12c: The organization takes conflicts of interest very	
seriously and utilizes a statement of corporate ethics and conflict of interest policy. To	
monitor and enforce corporate policies, annual filings must be provided to the NRA Office of	
the Secretary and General Counsel and reviewed regularly and consistently.	
Form 990, Part VI, Section B, Line 15: This organization relied on the processes of a related	
organization to establish compensation of top management officials, and such processes	
utilized a compensation committee, independent compensation consultants, compensation survey	'S
and studies, comparability data, and ultimate approval by the board or compensation committee.	
All decisions are properly documented	
Form 990, Part VI, Section C, Line 19. Governing documents, audited financial statements, and	
annual reports are available upon request for the same period of disclosure as set forth in	
section 6104(d). The NRA does not make internal operating policies available to the general	

Name of the organization	Employer identification number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public OMB No 1545-0047 2015

Inspection

Employer Identification number 26-1277941

NRA Freedom Action Foundation

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Section 512(b)(13) controlled entity? ž × × × × × Direct controlling entity 9 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling entity (e) End-of-year assets ₩ W ¥¥ ¥ A R ₹ ٤ Public charity status (if section 501(c)(3)) **©** (d) Total income LINE 7 LINE 7 LINE 7 (d) Exempt Code section Legal domicile (state or foreign country) 501(c)(3) 501(c)(3) 501(c)(4) 501(c)(3) છ 527 (c)
Legal domicile (state or foreign country) Primary activity Ž 2 ż ≶ ≸ one or more related tax-exempt organizations during the tax year Primary activity MEMBERSHIP CHARITABLE CHARITABLE CHARITABLE PAC/SSF (1) NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 (a)Name, address, and EIN (if applicable) of disregarded entity (5) NRA POLITICAL VICTORY FUND 52-1083020 (3) NRA SPECIAL CONTRIBUTION FUND 23-7367534 (4) NRA CIVIL RIGHTS DEFENSE FUND 52-1136665 Name, address, and EIN of related organization 11250 WAPLES MILL RD FAIRFAX, VA 22030-7400 11250 WAPLES MILL RD FAIRFAX, VA 22030-7400 11250 WAPLES MILL RD FAIRFAX, VA 22030-7400 11250 WAPLES MILL RD FAIRFAX, VA 22030 (2) NRA FOUNDATION INC 52-1710886 PO BOX 700 RATON, NM 87740 Part II 4 3 Ξ (2) 9 2 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{
m HTA}$

Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 26-1277941 Part III

(k) Percentage ownership								:	,	(I) Section 512(b)(13) controlled entity?	SS No								Schedule R (Form 990) 2015
(J) General or managing partner?	No								, Par		Yes				ļ	<u> </u>			(Form
Gene Mana part	Yes								990 ח	(h) Percentage ownership									ule R
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									le as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part ganizations treated as a corporation or trust during the tax year.	(g) Share of Perend-of-year assets									Sched
(h) Disproportonate allocatons?	s No								swered Ir.										
	Yes								n and	(f) Share of total income									
(g) Share of end-of- year assets									rganizatic										
(f) Share of total Income									e as a Corporation or Trust Complete if the organization ansvianizations treated as a corporation or trust during the tax year.	(e) Type of entity (C corp, S corp, or trust)									
						-			complation () ntrolling ty									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									Trust ((d) Direct controlling entity									
Pred Income unr exclu tax									tion or ed as a	micile gn country)									
(d) Direct controlling entity									corpora	(c) Legal domicile (state or foreign country)									
Direct or									as a C				-						
(c) Legal domicile (state or foreign country)									Identification of Related Organizations Taxable IV, line 34 because it had one or more related orga	(b) Pnmary activity									
									ations	ā.									
(b) Primary activity									Srganiz ne or m	_									
Pnm									elated C it had o	(a) Name, address, and EIN of related organization									
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(a) Name, address, and EIN of related organization									ficatio 34 be	(a) and EIN o									
(a) dress, an f organizi									dentil V, line	address,									
ame, adı relateo									l	Name, 8									
Z		(1)	(2)	(3)	(4)	(2)	(9)	(7)	Part IV			(1)	(2)	(3)	(4)	(5)	(9)	(i)	

Schedule R (Form 990) 2015 NRA Freedom /

NRA Freedom Action Foundation

26-1277941

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ş
		S listed in Paris II-IV?				1
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			ta e		\times
Ω	Gift, grant, or capital contribution to related organization(s)			9		×
ပ	Gift, grant, or capital contribution from related organization(s).			10	×	
70	Loans or loan guarantees to or for related organization(s)			1d		×
Ð	Loans or loan guarantees by related organization(s)		•	16		×
4	Company of the state of the sta			**		;>
-	Dividends from related organization(s)			=	1	\langle
5)	Sale of assets to related organization(s)			1g		×
£	Purchase of assets from related organization(s)			무		\times
	Exchange of assets with related organization(s)			1		×
-	Lease of facilities, equipment, or other assets to related organization(s)			1		×
د	lease of facilities equipment or other assets from related erganization(s)		_	7		>
ـ ـ	Deformance of contract or membership or fundament collected for related property (*)	·		= =		{ >
_ 1	rendinance of services of membership of formalising solicitations for leasted organization(s).			=		< >
Ε	Performance of services of membership of fundraising solicitations by related organization(s).			E,	:	<
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			ŧ	×	
•	Sharing of paid employees with related organization(s).			19	×	
1	Doing to the solution of (a) and the solution of the solution				1	>
2	Neillibul seillent pala to Terateu organization(s) for expenses			<u> </u>	1	< :
σ	Reimbursement paid by related organization(s) for expenses.			19	1	\times
				1		
_	Other transfer of cash or property to related organization(s)			=		×
s	Other transfer of cash or property from related organization(s).			1s		\times
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	vered relationships and	ransaction	thresho	lds.	
	(1)	9		*) E	
	Name of related organization Transaction (ype (a-s)	Amour	<u>.</u>	Method of determining amount involved	thod of determini amount involved	guir F
(1)						
(2)						
3						
4						
(2)						
(9)						
			Schedule R (Form 990) 2015	R (Forn	(066 u	2015

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or green and a related organization. See instructions regarding evolution for certain investment partnerships.

Nature, activities, and Ein'd clearly Primary activity Primary a	(a) (b) (c)	(a)	(p)	(0)		(6)	£	_	<u> </u>	
1	Name, address, and EIN of entity	Primary activity	Predominant income (related, unrelated, excluded from tax under	Are all parti section 501(c)(3 organizatio		Share of end-of-year assets	Disproportional allocations?			
			sections 312-314)	Yes	٥	,	<u> </u>	T ·	\vdash	9
(3) (4) (5) (6) (7) ((1)									
(9) (10) (11) (12) (12) (12) (13) (14) (15)	(2)									
(9) (9) (9) (1) ((3)									
(9)	(4)									
(10) (11) (12) (13) (15) (16) (16) (16) (16) (16) (16) (16) (16	(5)									
(1) (2) (3) (4) ((9)									
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	(16)									